LAKEVIEW MANOR GATEWAY FDD

E5406 CTY TRK AA

WEYAUWEGA	54983	Phone:	(920) 867-2183		Ownership:	County
Operated from	1/1 To 1	2/31 Days	s of Operation:	366	Highest Level License:	FDDs
Operate in Con	junction w	ith Hospita	al?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up an	d Staffed	(12/31/04):	20	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capac	ity (12/31/	/04):	20	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 1	2/31/04:		17	Average Daily Census:	18

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)						
Home Health Care No Supp. Home Care-Personal Care No No		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	5.9 11.8	
Supp. Home Care-Household Services No		Developmental Disabilities	100.0	Under 65	47.1	More Than 4 Years	82.4	
Day Services No		Mental Illness (Org./Psy)	0.0	65 - 74	17.6			
Respite Care Yes		Mental Illness (Other)	0.0	75 - 84	35.3		100.0	
Adult Day Care	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	********			
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0 95 & Over 0.0			Full-Time Equivalent		
Congregate Meals No		Cancer	0.0			Nursing Staff per 100 Residen		
Home Delivered Meals No		Fractures	0.0	100.0		(12/31/04)		
Other Meals	No	Cardiovascular	0.0	65 & Over	52.9			
Transportation	No	Cerebrovascular	0.0			RNs	12.7	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	8.8	
Other Services	No	Respiratory 0				Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	41.2	Aides, & Orderlies	52.6	
Mentally Ill	No			Female	58.8			
Provide Day Programming for			100.0					
Developmentally Disabled Yes					100.0			
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P:	rivate Pay	!		Family Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				16	100.0	179	0	0.0	0	0	0.0	0	1	100.0	186	0	0.0	0	17	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		16	100.0		0	0.0		0	0.0		1	100.0		0	0.0		17	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	n of Residents'	Condit	ions, Services, and	d Activities as of 1	2/31/04
Deaths During Reporting Period				% Needing		Total	
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	5.9		70.6	23.5	17
Other Nursing Homes	0.0	Dressing	35.3		47.1	17.6	17
Acute Care Hospitals	0.0	Transferring	41.2		41.2	17.6	17
Psych. HospMR/DD Facilities	50.0	Toilet Use	41.2		41.2	17.6	17
Rehabilitation Hospitals	0.0	Eating	76.5		0.0	23.5	17
Other Locations	50.0	******	******	*****	******	******	******
otal Number of Admissions	2	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	88.2	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	76.5	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0	Ī			Receiving Osto	my Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	50.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Die	s 47.1
Rehabilitation Hospitals	0.0	į -			_	-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	50.0	With Pressure Sores		5.9	Have Advance D	irectives	100.0
otal Number of Discharges		With Rashes		11.8	Medications		
(Including Deaths)	2				Receiving Psyc	hoactive Drugs	64.7

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This		DD		All	
	Facility %	Fac %	cilities Ratio		ilties Ratio	
	б 	б 	Kalio	% 		
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	93.1	0.97	88.8	1.01	
Current Residents from In-County	64.7	35.3	1.83	77.4	0.84	
Admissions from In-County, Still Residing	0.0	11.4	0.00	19.4	0.00	
Admissions/Average Daily Census	11.1	20.4	0.55	146.5	0.08	
Discharges/Average Daily Census	11.1	28.3	0.39	148.0	0.08	
Discharges To Private Residence/Average Daily Census	0.0	12.1	0.00	66.9	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00	
Residents Aged 65 and Older	52.9	16.0	3.30	87.9	0.60	
Title 19 (Medicaid) Funded Residents	94.1	99.1	0.95	66.1	1.42	
Private Pay Funded Residents	0.0	0.5	0.00	20.6	0.00	
Developmentally Disabled Residents	100.0	99.2	1.01	6.0	16.57	
Mentally Ill Residents	0.0	0.4	0.00	33.6	0.00	
General Medical Service Residents	0.0	0.4	0.00	21.1	0.00	
Impaired ADL (Mean)*	41.2	55.0	0.75	49.4	0.83	
Psychological Problems	64.7	48.1	1.35	57.7	1.12	
Nursing Care Required (Mean)*	8.1	10.7	0.75	7.4	1.09	